

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: _____		2 Serial/Pat nt # _____		
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3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
Filing			\$
Amendment			\$
Extension of Time			\$
Notice of Appeal/Appeal			\$
<input checked="" type="checkbox"/> Petition	1FW	4/19/04	\$ 130
Issue			\$
Cert of Correction/Terminal Disc.			\$
Maintenance			\$
Assignment			\$
Other			\$
7 TOTAL AMOUNT OF REFUND			\$ 130

10 REASON:	8 TO BE REFUNDED BY:								
Overpayment	Treasury Check								
Duplicate Payment	Credit Deposit A/C #:								
<input checked="" type="checkbox"/> No Fee Due (Explanation):	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">9</td> <td style="width:10%;">2</td> <td style="width:10%;">0</td> <td style="width:10%;">--</td> <td style="width:10%;">1</td> <td style="width:10%;">4</td> <td style="width:10%;">3</td> <td style="width:10%;">6</td> </tr> </table>	9	2	0	--	1	4	3	6
9	2	0	--	1	4	3	6		

PRO ERROR

11 REFUND REQUESTED BY:	
TYPED/PRINTED NAME: <u>ALBROW</u> SIGNATURE: <u><i>ALB</i></u> OFFICE: <u>GP</u>	TITLE: <u>AH</u> PHONE: <u>305 0310</u>
APPROVED: <u><i>Alicia</i></u> DATE: <u>5/27/04</u>	

THIS SPACE RESERVED FOR FINANCE USE ONLY:

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**